PRINT in BLACK ink	7			1		
Enter the name of the	STATE OF WI	SCONSIN, CIRCUI	For Official Use			
county in which this case is filed.				COUNTY		
Enter the name of the	In re the marria	age of:				
petitioner. If joint petitioners, enter the name	Petitioner/Join	nt Petitioner-Wife:				
of the wife.						
	First name	Middle name	Last name			
Enter the name of the	and Despondent/I	oint Petitioner-Hu	ichand:	Petition for Appointment		
respondent. If joint petitioners, enter the name	Respondents	omi Femionei-Au	isbanu.	Guardian ad Litem		
of the husband.	First name	Middle name	Last name			
Enter the case number.				Case No.		
		urt to appoint a gua appropriate now be		) for one or more of the minor children and		
Check A, B or C.	fathe	er of one or more of	f the minor children.	at the husband in this action is not the		
If B, check 1 or 2.	<b>B.</b> There is an ongoing legal custody or physical placement dispute between the parties that will require the appointment of a GAL because:					
			n referred to Family as been unsuccessf	Court Counseling Services for mediation ul.		
If 2, check a or b.	2. □ I	believe that attendance at an initial session of mediation would:				
If a, enter the name of the party who would be	a.  Cause undue hardship to because					
caused hardship and enter the reasons why.  If b, check 1, 2, or 3.	b.   Endanger the health or safety of one or both of the parties or the minor children because sufficient evidence is available to show that:					
	<ol> <li>A party has engaged in abuse of the minor children, as defined in ch. 948 or sec. 813.122 Wis. Stat.</li> </ol>					
	2. There has been interspousal battery as described under ch. 940 Wis. Stat. or domestic abuse as defined in sec. 813.12 Wis. Stat.					
		3. ☐ One or l drug ab	-	e a significant problem with alcohol or		
If C, enter the reasons why a GAL should be	C. There is good reason to appoint the GAL now rather than wait until mediation has been completed because:					
appointed now and not						

attempted.

Enter the name, date of birth [month, day, year], of each child whom you	2. The minor children in question includ Name of child	e: Date of birth		
believe needs a GAL				
appointed on his/her				
behalf.				
	3. Mother			
Enter the requested	Nome			
information about the	Address			
mother in this case.	Address			
	City	State	_ Zip	
	Phone (day)			
	Phone (evening)			
	Crocc Mentally mooning		<del></del>	
	4. Father			
Enter the requested	Name			
information about the	AddressAddress			
father in this case.	City		Zip	
	Phone (day)			
	Phone (evening)			
	Gross Monthly Income		<u> </u>	
Check A or B.	5. Current Status			
	A. A GAL has never been appointed	d for the minor children	in the past.	
If B, enter the date	_			
[month, day, year] the	B. A GAL was appointed in the past			
GAL was appointed and the name of the GAL.	The GAL's name was			
the name of the GAL.	]			
	If no objection is filed with the court within 5 or his/her attorney, I request that the court apstate to act as GAL for the minor children. If this petition.	ppoint an attorney admi	itted to practice law in this	
	If you need help in this matter because	of a disability, please	e call:	
	,	, , , , , , , , , , , , , , , , , , ,		
	7			
Sign and print your name.				
Sign and print your name.			Signature	
		Print	or Type Name	
Enter the date on which			Data	
you signed your name.			Date	
<b>Note:</b> This signature does				

not need to be notarized.